BALTIMORE'S IMMUNIZATION REGISTRY PROGRAM NEWBORN VACCINE ADMINISTRATION ENTRY FORM

MONTH / YEAR :

BIRTH HOSPITAL NURSERY / NICU
HEPATITIS-B MANUFACTURER

VACCINE LOT#

CHILD'S LAST NAME	CHILD'S FIRST NAME	CHILD'S MI	CHILD'S D.O.B.	CHILD'S SEX	MOTHER'S MAIDEN NAME	MOTHER'S FIRST NAME	HBV DOSE DATE	VFC VACCINE

								1	
								1	
								1	
								1	

Baltimore City Health Dept BCHD MCH BOCHI BIRP January 2002